

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of:             | )                          |  |  |  |  |  |  |
|-----------------------------------|----------------------------|--|--|--|--|--|--|
| Michael L. Garrison et al.        | ) Group Art Unit:          |  |  |  |  |  |  |
|                                   | )                          |  |  |  |  |  |  |
| Filed: March 19, 2004             | ) Examiner:                |  |  |  |  |  |  |
|                                   | )                          |  |  |  |  |  |  |
| Serial No.: 10/804,386            | ) Attorney Docket: 1-37234 |  |  |  |  |  |  |
|                                   | )                          |  |  |  |  |  |  |
| For: DELIVERY SYSTEMS AND METHODS | )                          |  |  |  |  |  |  |
| FOR DEPLOYING EXPANDABLE          | )                          |  |  |  |  |  |  |
| INTRALUMINAL MEDICAL DEVICES      | )                          |  |  |  |  |  |  |
|                                   | )                          |  |  |  |  |  |  |
| 26 25 2004                        |                            |  |  |  |  |  |  |

May 25, 2004

Honorable Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

## INFORMATION DISCLOSURE STATEMENT IN ACCORDANCE WITH 37 C.F.R. 1.97(b)

## Honorable Sir:

Pursuant to 37 C.F.R. 1.97(b), record is hereby made of information which the Patent Office may wish to consider in connection with its examination of the above-identified application. A completed PTO-1449 form is enclosed.

Respectfully submitted,

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Substitute for form 1449A/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet 1 of

| Complete if Known      |                     |  |  |  |
|------------------------|---------------------|--|--|--|
| Application Number     |                     |  |  |  |
| Filing Date            | 172-12              |  |  |  |
| First Named Inventor   | Michael L. Garrison |  |  |  |
| Art Unit               |                     |  |  |  |
| Examiner Name          |                     |  |  |  |
| Attorney Docket Number | 1-37234             |  |  |  |

|                      |              |  | U.S. PA1                       | TENT DOCUMENTS                                     |   |
|----------------------|--------------|--|--------------------------------|--|---|
| Examiner<br>Initials | Cite<br>No.1 | Document Number  Number Kind Code (if known) | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
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|                      |              | US- 5,509,900                                | 04-23-1996                     | Thomas R. Kirkman                                  |   |
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|                          | Cite | Foreign Patent Document                 |  |                     | Publication Date | Name of Patentee or         | Pages, Columns, Lines,<br>Where Relevant |                |
|                          | No.1 | Office <sup>3</sup> Number <sup>4</sup> |  | Kind⁵<br>(if known) | MM-DD-YYYY       | Applicant of Cited Document | Passages or Relevant<br>Figures Appear   | T <sup>6</sup> |
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|                          |      |   |  |                     |                  |                             |  |                |

| Examiner  | Date       |  |
|-----------|------------|--|
| Signature | Considered |  |

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (opfional). See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| CERTIFICATE OF MAPPLICANT (S): Michael L.  |                                  | Docket No.<br>1-37234               |  |                     |  |  |  |
|--|----------------------------------|-------------------------------------|--|---------------------|--|--|--|
| Serial No.<br>10/804,386   | Filing Date<br>March 19, 2004    | Examiner                            |  | Group Art Unit      |  |  |  |
| Invention:  DELIVERY SYSTEMS AND METHODS FOR DEPLOYING EXPANDABLE INTRALUMINAL MEDICAL DEVICES   |                                  |                                     |  |                     |  |  |  |
| MAY 2 7 2004  I hereby certify that this  Information Disclosure Statement - PTO-1449  (Identify type of correspondence)                 |                                  |                                     |  |                     |  |  |  |
|  | ents, P.O. Box 1450, Alexandria, |                                     |  | lay 25, 2004 (Date) |  |  |  |
| Martha S. Sloan  (Typed or Printed Name of Person Mailing Correspondence)  Martha S. Sloan  (Signature of Person Mailing Correspondence) |                                  |                                     |  |                     |  |  |  |
|  | Note: Each paper must ha         | ive its own certificate of mailing. |  |                     |  |  |  |
|  |                                  |                                     |  |                     |  |  |  |